

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health of Baltimore.

Permit No. A 1440 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Franklin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 2 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Infant

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Balto. City.

Duration of Residence in the City of Baltimore, 2 months & 2 days

Place of Death, { Give street and Number. } 1364 N. Fremont Ave

Cause of Death, { First (Primary), Transition

Second (Immediate), "

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, July 18th 1887

{ Undertaker, J. C. Hough

A. B. Christian M. D. Medical Attendant.

{ Place of Business, 1408 Benna Ave Address, 1821 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1441 Office of Registrar of Vital Statistics.

Ward 13^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Westernman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } male

Age, — Years, — Months, 4 days Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland ✓

Duration of Residence in the City of Baltimore, 4 days

Place of Death, { Give Street and Number. } Free Syring in Hosp. of Univ. of Maryland

Cause of Death, { First (Primary), Second (Immediate), } Prolonged cerebral compression during labor
Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, July 17/87

{ Undertaker, Geo. E. Brown } J. S. Pook M. D.
Place of Business, Health Officer Address, Free Syring in Hospital
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1442 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, July 17 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucy Jacob

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 2 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Doc Washington DC.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 5 months

Duration of Residence in the City of Baltimore, 1512 Byrd St.

Place of Death, { Give Street and Number. } Enter - colitis

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 19th

Undertaker, Emmerson Denny M. D.

Place of Business, Light Street Address, 725 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1443 Office of Registration and Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th July 1887

Full Name of Deceased, Mrs Emma J. Henry
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 76 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }

Occupation, _____

Birth Place, Kent co MD.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, 805 Plum Alley
{ Give Street and Number. }

Cause of Death, Bilious-diarrhoeal Exhaustion
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, July 18 1887

Undertaker, Creulor Bros

Place of Business, 107 Broadway Address, 224 W. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. **A 1444**

Office of Registrar of Vital Statistics.

(8th)

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, *or* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, *July 18/87* *Lizzie & Henry Koch (Parent)*

Full Name of Deceased, *Undamined infant*
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male* or Female, Cross out the word not required in this line.

Age, _____ Years, _____ Months, *1/24* Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the word not required in this line. *Single*

Occupation, _____

Birthplace, State or Country and how long in the United States, if of foreign birth. *Boston city*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, Give street and number. *No 238 Richmond St*

Cause of Death, First, (Primary.) *Foetal Unanition*
Second, (Immediate.)

Duration of Last Sickness, *Lived about one hour*

All the above information should be furnished by the Physician.

Place of Burial, *McAlhones*

Date of Burial, *July 17/87*

Undertaker, *O. S. Scriven*

Place of Business, *925 Madison Ave*

R. W. Miffleins M.D.,
 Medical Attendant.

Address, *425 Saratoga St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1445 Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1887

Full Name of Deceased, Eugene B. Vaughan
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, female
{ Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 1 Days.

Color, white

Married, Single, Widow or Widower, single
{ Cross out the words not required in this line. }

Occupation, none

Birth Place, Balt.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, lifetime

Place of Death, 187 N. Front St
{ Give Street and Number. }

Cause of Death, Cholera Infantum
asthenia
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, July 18th 1887

{ Undertaker, Jas B. Byrne

{ Place of Business, 302 N. Bay

Address, 403 N. Eder St

DeWitt

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1446 Office of Registrar of Vital Statistics.

Ward 15²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1887

Full Name of Deceased, Rosa Bernstein
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, ✓

Place of Death, 105 Amsterdam Lane
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cheb Shalom

Date of Burial, July 19th

Undertaker, Evans, Carr. & Co.

Place of Business, 1000 E. Balto St.

Thos. E. & Co. M. D.

Medical Attendant.

Address, 578 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1447 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17/87

Full Name of Deceased, Mary Matousek
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 3 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 126

Place of Death, { Give Street and Number. } Chapel St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Convulsions

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial Bohemian National

Date of Burial, July 18 1887

Undertaker, Frank Crach

Place of Business, 827 Durlam Address,

J. H. Colleberg
Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1448 Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th July 1887

Full Name of Deceased, William Green

Sex, Male or Female, Male

Age, 1 Years, 17 Months, 17 Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation, —

Birth Place, Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, Little St. Elderry Street 1127.

Cause of Death, Hydrocephalus chronicus
Consolidation

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National

Date of Burial, July 19 1887

Undertaker, Frank Leach

Place of Business, 827 Durham Street

William Hennel M. D.

Medical Attendant.

S. Walferke 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to answer them.
Health Department, City of Baltimore.

Permit No. 1449 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James A. Gillman
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Years, 2 Months, 12 Days.
Color, Caucasian
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single
Occupation, None
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give Street and Number. } 114 W. York Street
Cause of Death, { First (Primary), Strangulated Hernia
Second (Immediate),
Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, July 18 1887
Undertaker, Sorrell & Handy M. D. James A. Seward
Place of Business, Cor. 5th & N Address, Cor. 5th & N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward [OVER]